



PRIVACY ACT STATEMENT: The authority for collecting this information about you is 5 U.S.C. 7201. The information furnished will be used to update your education level to more accurately reflect the highest level achieved. The information you furnish is voluntary and will be used for workforce analysis and planning.

Executive Order 9397 (November 22, 1943) authorizes use of your Social Security Number. That Order requires to use the SSN for the orderly administration of personnel records. Furnishing your Social Security Number as well as the other data is voluntary. Disclosure of this information may be made in accordance with the disclosure provisions of the Privacy Act of 1974 including the established routine uses for the OPM/GOVT-1, General Personnel Records system of records, or the 76VA05 system for Title 38 employees.

INSTRUCTIONS - Please complete this form according to the instructions and return it to your personnel office. If you have any questions, your personnel office will be able to assist you. In order to keep your education record up-to-date, be sure to notify the personnel office whenever you attain a higher level of education than the level you show on this form.

LAST NAME - FIRST NAME - MIDDLE INITIAL OF EMPLOYEE (Print or type)

SOCIAL SECURITY NO.

SERVICE OR DIVISION

PART I - ALL EMPLOYEES

NOTE: Circle the code next to the ONE item below which best represents the HIGHEST level of education you have attained and insert the code in the box to the right.

EDUCATION
LEVEL CODE

- | | |
|--|--|
| 1 Less than 8th grade education | 8 Bachelor's degree and less than 15 semester hrs/23 qtr hrs of graduate study |
| 2 8th grade | N One academic year of graduate study (15 semester hrs/23 qtr hrs) but no master's degree |
| A Some high school--did not graduate | L Bar membership with or without law degree |
| B High school graduation or equivalency certificate | K Law degree (J.D. or LL.B.) with bar membership |
| 3 High school graduation and afterward began additional job training program | M Law degree (J.D. or LL.B) with bar membership |
| 4 Completed high school and afterwards completed additional job training program | O Master's degree in Hospital Administration |
| 5 Less than one academic year of study (under 30 semester hrs/45 qtr hrs) in a college or university | # Master's degree in Nursing |
| C One academic year of study (30-59 semester hrs/45-89 qtr hrs) in a resident college or university | P All other master degrees |
| D Two academic years of study (60-89 semester hrs/90-134 qtr hrs) in a resident college or university | Q Some academic work beyond master's degree but no higher degree |
| 6 Associate degree (including nursing and all other associate degrees) | R Doctor of Dental Medicine |
| E Three academic years of study (90-119 semester hrs/135-179 qtr hrs) in a resident college or university | S Doctor of Dental Surgery |
| 7 Four academic years of study (minimum of 120 semester hrs/180 qtr hrs) but did not receive a bachelor's degree | T Doctor of Medicine |
| F Nursing diploma | U Doctor of Osteopathy |
| G Bachelor's degree in Nursing | V Doctor of Veterinary Medicine |
| H Bachelor's degree in Engineering or Architecture | 9 All other professional degrees (including podiatry, D.P. or D.P.M., and optometry, O.D.) |
| I Bachelor's degree in Accounting or Finance | * Doctoral degree in Nursing |
| J Bachelor's degree, all other fields | W Doctor of Philosophy |
| | X Ph.D. in Psychology |
| | Y Other doctoral degrees |
| | Z Doctoral degree and performed some academic work beyond |

PART II

NOTE: If you have circled an education level code in Part I of either 4, 6, 8, 9, #, * or any letter code G through Z, complete Part II of this form. Otherwise, leave blank.

PART II is to be completed by selecting the most appropriate field of study from the supplement provided and then copying the program number into the blank spaces on the right.

PROGRAM CODE

Insert in the box to the right the last two numbers of the year in which you attained your highest degree/certificate.

YEAR

TO BE COMPLETED
BY ALL EMPLOYEES

EMPLOYEE'S SIGNATURE

DATE